





U.S. DEPARTMENT OF STATE LEGISLATIVE FELLOWS PROGRAM PARTICIPANT APPLICATION FORM

for the program in Chicago, Illinois, USA managed by:

Heartland International

70 East Lake Street, Suite 1020 Chicago, IL 60601 www.heartlandinternational.org

For Moroccan/Egyptian Applicants

REVIEW THE PROGRAM SUMMARY AND REQUIREMENTS/INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION

PERSONAL INFOR	MATION		
Last Name:		Date of Birth:	MM/DD/YYYY
First Name:			NAME DO TO TO
Country of Residence:	:		
Citizenship:		Place of Birth:	
Gender:			
Passport Info.			
Issuing Country:	(If you have one)	Expiration Date:	
<u>Home</u>			
Address:		Telephone:	
		Email:	
		Mahila	

<u>Work</u>		
Employer:		
Address:	Telephone:	
	Email:	
_		
BACKGROUND INFO	RMATION	
In which areas do you curr	ently work or have worked in the past?	
	Legislative	
	Citizen Advocacy	
	Political parties	
	Election monitoring	
	Non Governmental Organization/Civic	group
	Media Relations	
	Civic Education	
Please state what work you	currently do or you have done in the past in the ar	eas you checked above:
Please state your current to	tle, employer, and employment start date:	
Title	Employer	Start Date
Please summarize your cu	rent job responsibilities:	

Title	Employer Name	Dates of Employment	Job Responsibilities
hat would you like t	to be doing professionally in	n five years? Please describ	e.
DUCATIONAL BA	CKGROUND & LANGU	AGE PROFICIENCY	
lease provide the foll	owing information regardi	ng your post high school ed	ucation:
Degree:			
Area of Study:			
Institution:			
Date Obtained:			

ption		Date
ption		Date
		Date
	ndardized language tests (i.e. TC	
ption ave you taken any sta Name of Test	ndardized language tests (i.e. TO Score	

Please indicate your level of proficiency in reading, writing, and speaking English and any other languages in which you are proficient:

ENGLISH			
	Reading	Writing	Speaking
Excellent			
Good			
Fair			
Poor			

Other:			
	Reading	Writing	Speaking
Excellent			
Good			
Fair			
Poor			

	Other:		
	Reading	Writing	Speaking
Excellent			
Good			
Fair			
Poor			

GENERAL QUESTIONS

You may attach a total of two single spaced sheets if additional space is needed for your answers to the following questions. Indicate the number (s) of the questions(s) you are answering on the attached sheet(s).

U	
1.	Why are you interested in participating in this program? Be specific.
2.	What would you most like to learn, gain and/or experience in this program for your professional development? Be specific.
3.	What training topics would be most beneficial to you for your professional development: Leadership, Project Evaluation and Assessment, Fund Raising, Volunteer Management, Intercultural Communication, Advocacy, Project Development and Management, Public Relations and Social Media, Government Relations or other (describe). And why?
4.	Describe why you are interested in the field in which you are currently working.
5.	Describe what you think you are the three most pressing needs in your field of work and your suggestions for addressing them.

Destination	Dates Traveled	Purpose of Trip (holiday, educational, etc.)
Destination	Dates Traveled	Purpose of Trip (holiday, educational, etc.)
Destination	Dates Traveled	Purpose of Trip (holiday, educational, etc.)

7. Do you have any health conditions that would prevent you from traveling to the U.S.?

6. Have you travelled to the U.S.? If yes, please provide the following information:

Please also complete the "Contact Information for References" Form

APPLICATION IS DUE BY JUNE 11, 2012

PLEASE SEE REQUIREMENTS/INSTRUCTIONS FOR INFORMATION ON HOW TO SUBMIT THIS APPLICATION FORM AND ALL SUPPORTING DOCUMENTS.